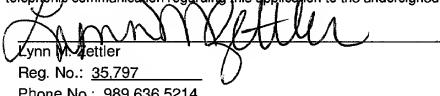


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 44653A	Total Pages	
First Named Inventor or Application Identifier				
Robert J. Donald, et al.				
		Express Mail Label No. EL 447 977 041 US		
Title: COMPOSITIONS COMPRISING HYDROGENATED BLOCK COPOLYMERS AND END-USE APPLICATIONS				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 64] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets _____]</p> <p>4. <input type="checkbox"/> Declaration and Power of Attorney [Total Pages _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p><input type="checkbox"/> Incorporation By Reference The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Amend the specification by inserting before the first line, the sentence: "This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____."</p>				
ACCOMPANYING APPLICATION PARTS				
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Associate Power of Attorney</p> <p>15. <input type="checkbox"/> Sealed envelope containing confidential information, which Applicants may request to be expunged from the application file.</p> <p>16. <input checked="" type="checkbox"/> Authorization for payment of fees and Petition for Extensions of Time.</p> <p>17. <input type="checkbox"/> Other: _____</p>				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="text-align: center;">  00109 <small>PTENT & TRADEMARK OFFICE</small> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input checked="" type="checkbox"/> or <input type="checkbox"/> Correspondence address below </div>				
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Please direct any telephone communication regarding this application to the undersigned Attorney/Agent for Applicants:				
 Lynn M. Meltler Reg. No.: 35.797 Phone No.: 989 636 5214 Fax No.: 989 636 3237				

Assistant Commissioner for Patents
Washington, D. C. 20231

Attorney's Case No. : 44653A

Application of : Robert J. Donald, et al.

For: COMPOSITIONS COMPRISING HYDROGENATED BLOCK
COPOLYMERS AND END-USE APPLICATIONS THEREOF

No. of Drawing Sheets: 0

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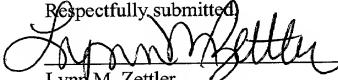
Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	<u>\$710.00</u>
Total Number of Claims	<u>21</u>
Less (Basic Fee)	<u>20</u>
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Total Number Independent Claims	<u>3</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>0 x \$ 80.00 = \$0.00</u>
D. Multiple Dependent Claims Presented	<u>+ \$270.00 = \$0.00</u>
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Respectfully submitted



Lynn M. Zettler
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P.O. Box 1967
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Date: 8/27/01

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